

Professional Licensing Agency
402 West Washington Street
Room W072
Indianapolis, Indiana 46204



Michael R. Pence
Governor of Indiana
Nicholas W. Rhoad
PLA Executive Director

**BEHAVIORAL HEALTH AND HUMAN SERVICES LICENSING BOARD
LICENSED SOCIAL WORKER (LSW)
BACCALAUREATE DEGREE IN SOCIAL WORK (BSW)
APPLICATION FOR LICENSURE BY EXAMINATION
INFORMATION AND INSTRUCTIONS**

Before completing and submitting your application to our office, please read all materials and information included.

CONTENTS OF APPLICATION PACKET

Applicants must download the following documents from the Board's Website at: www.pla.in.gov:

1. Application for Licensure As A Social Worker (LSW)
2. Information and Instruction Sheet
3. Criminal Background Check Information
4. Statutes and Administrative Rules which pertain to the Behavioral Health and Human Service Licensing Board

IPLA ADDRESS/TELEPHONE NUMBER/FAX/EMAIL/WEBSITE

Indiana Professional Licensing Agency
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Staff Phone: (317) 234-2054
FAX # (317) 233-4236
Staff Email: pla8@pla.IN.gov
Website: www.pla.IN.gov

CRIMINAL BACKGROUND CHECK REQUIRED

An individual applying for a social work license shall submit to a national criminal history background check at the cost of the individual. Please see the step-by-step directions on how to complete the fingerprinting process in order to process your criminal background check. <http://www.in.gov/pla/3241.htm>.

Criminal background checks must be obtained after you apply for your social work license with the Board and prior to the issuance of a license.

THE FAIR INFORMATION PRACTICE ACT

In compliance with Ind. Code 4-1-6, this agency is notifying you that you must provide the requested information or your application will not be processed. You have the right to challenge, correct, or explain information maintained by this agency. The information you provide will become public record. Your examination scores and grade transcripts are confidential except in circumstances where their release is required by law, in which case you will be notified.

MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBER

Your social security number is being requested by this state agency in accordance with Ind. Code 4-1-8-1 and Ind. Code 25-1-5-11(a). Disclosure is mandatory, and this record cannot be processed without it.

Failure to disclose your U.S. social security number will result in the denial of your application. Application fees are not refundable.

TRANSCRIPTS, EXAMINATION SCORE REPORTS, VERIFICATION OF SUPERVISION, AND VERIFICATION OF EMPLOYMENT/EXPERIENCE MUST BE SENT DIRECTLY FROM EACH ENTITY

The Board will not be able to accept any transcripts, examination score reports, verification of supervision, and verification of employment/experience directly from the applicant. All transcripts, examination score reports, verification of supervision and verification of employment/experience must be sent directly from those entities.

EXAMINATION REQUIREMENT

The Board has adopted the Association of Social Work Board's (ASWB) Masters Level examination to obtain a social work licensure. The examination is only offered in a computer format through the Association of Social Work Boards (ASWB) and its contracted examination service. The examination is offered six (6) days a week at various locations and times. **INDIANA DOES NOT ACCEPT THE BACHELORS LEVEL EXAMINATION.**

All questions and requests for information about the ASWB Masters Level examination should be directed to:

Association of Social Work Board (ASWB)
400 Southridge Parkway, Suite B
Culpeper, Virginia 22701
Candidate Services: (888) 579.3926
General Information: (800) 225.6880
Website: <https://www.aswb.org/>

ABANDON APPLICATIONS

If an applicant does not submit all requirements within one (1) year after the date on which the application is filed, the application for licensure is abandoned without any action of the Board. An application submitted subsequent to an abandoned application shall be treated as a new application.

ISSUANCE OF LICENSE

Upon issuance of your license by the Board, you will be sent an email notifying you that your license has been issued. There will be instructions on how to purchase a blue license card to be mailed to you or how to download a free license card for immediate printing.

Ind. Code 25-23.6-4-5 requires that an individual who is licensed as a social worker shall:

- (1) Display the license or a clear copy of the license at each location where the social worker or clinical social worker regularly practices; and
- (2) Includes the words "licensed social worker" or the letters "LSW" on all promotional material s, including business cards, brochures, stationary, advertisements, and signs that name the individual.

Therefore, you must either download the free license card or purchase a blue license card to post. IPLA staff cannot print license cards to be mailed or for walk-ins to our office.

This service is available on our website at www.in.gov/pla/license.htm.

LICENSE EXPIRATION AND CONTINUING EDUCATION

Social Workers licensed in the State of Indiana are required to obtain at least forty (40) hours of continuing education, with at least twenty (20) hours of Category I Continuing Education with two (2) hours of Category I Ethics Continuing Education, in order to renew their license. A social worker who has been licensed less than twenty-four (24) months will need twenty (20) hours of continuing education with one (1) hour of Category I Ethics Continuing Education to renew their license. A social worker who has been licensed less than twelve (12) months does not need continuing education in order to renew their license.

Detailed information regarding the continuing education requirement is available at the Board's website at www.pla.IN.gov. Or you may contact our office by calling (317) 234-2054 or by email at pla8@pla.IN.gov.

**LICENSED SOCIAL WORKER (LSW)
BACCALAUREATE DEGREE IN SOCIAL WORK (BSW)
APPLICATION FOR LICENSURE BY EXAMINATION
INSTRUCTIONS**

All applicants must submit an application and supporting documentation to: (839 IAC 1-2-1)

Indiana Professional Licensing Agency
Attn: Behavioral Health and Human Services Licensing Board
402 West Washington Street, Room W072
Indianapolis, Indiana 46204

AFFIDAVIT

If you answer “yes” to any of the seven (7) questions on the application, the applicant must explain fully in a signed and notarized affidavit, meaning an explanation or statement of facts and or events, including all related details. Describe the event including location, date and disposition. If you have a malpractice action, provide name(s) of plaintiff(s). Letters from attorneys or insurance companies are not accepted in lieu of your statement; however, they may accompany your affidavit.

If the applicant has been ***arrested; entered into a prosecutorial diversion or deferment agreement; convicted; pled guilty to or pled nolo contendere to any offense, misdemeanor, or felony in any state***, except for minor violation of traffic law resulting in fines, and arrests or convictions that have been expunged by a court, the applicant shall submit a notarized statement detailing all criminal offenses, excluding minor traffic violations. The notarized statement must include the following information:

- (1) The date(s), location(s), court, and cause number.
- (2) The offense, misdemeanor or felony of which the applicant was arrested for, entered into a prosecutorial diversion or deferment agreement; convicted, pled guilty to or pled nolo contendere to.
- (3) The penalty imposed.

Also, included with your notarized statement, you will need to provide copies of any and all court documentation regarding each offense listed.

CRIMINAL BACKGROUND CHECK REQUIRED

All applicants applying for a social worker license shall submit to a national criminal history background check at the cost of the individual. Please see the step-by-step directions on how to complete the fingerprinting process in order to process your criminal background check on the Board’s website at <http://www.in.gov/pla/3241.htm>.

A criminal background check completed prior to the submission of your application for licensure will not be considered valid. If an application is not received by IPLA before scheduling a criminal background check, the applicant will be required to submit to another check resulting in additional fees.

FEE INFORMATION

Applicants must submit a **fifty dollar (\$50.00)** application fee, made payable to the Indiana Professional Licensing Agency. Checks or Money orders are acceptable. **All fees are non-refundable and nontransferable.**

PHOTOGRAPH

Applicants must submit one (1) photograph, approximately 2 x 3 inches, head and shoulders view of the applicant only, black and white or color, of professional quality. No “Polaroid” type photographs, laminated photographs, laminated identification cards or group photographs will be accepted.

EDUCATION REQUIREMENTS

Applicants must possess at least a Baccalaureate degree in Social Work (BSW) from an institution of higher education that has been accredited or approved for candidacy by the Council on Social Work Education (CSWE). Applicants must submit an official transcript, **sent directly to the Board from the college or university**, from which you obtained the degree, showing that all requirements for graduation have been met and the date the degree was conferred.

NOTE: Transcripts must be original, official transcripts sent directly to the Board from the college or university. Copies of transcripts, transcripts issued to applicants, or incomplete (not yet showing your degree has been granted) transcripts are not acceptable. Degrees in related fields are not accepted.

EXPERIENCE

BSW applicants must submit proof of two (2) years of supervised experience in the practice of social work. **The experience must be post-baccalaureate, paid, full-time, and supervised to qualify as experience.** The Board may consider part-time experience if the applicant can verify completion of at least three thousand (3000) hours of post-baccalaureate degree experience. (Note: One thousand five hundred hours (1,500) equals one (1) year of experience) **Under no circumstances can this experience requirement be met in less than twenty-four (24) months.**

Verification of Employment/Experience Form. Your employer must fill out the bottom section of this form, have the form notarized, and submit it directly to the Board. This form may be duplicated if you completed the required two (2) years of experience with more than one employer. To qualify as experience you must have been providing social worker services, including assessment and evaluation of clients, in which at least fifty percent (50%) of this time consisted of providing services directly to clients.

According to 839 IAC 1-3-2:

Sec. 2. (a) An applicant for licensure as a social worker or clinical social worker shall pass an examination required by the board.

(b) As used in IC 25-23.6-5-1 and IC 25-23.6-5-3.5, "experience" means full-time paid experience of at least one thousand five hundred (1,500) hours per year. Part-time experience will be considered if the applicant can verify a total of four thousand five hundred (4,500) hours, three thousand (3,000) hours of which must take place after receiving the graduate degree.

(c) As used in IC 25-23.6-5-1 and IC 25-23.6-5-3.5, supervision must be face-to-face contact between the supervisor and supervisee for the purpose of assisting the supervisee in the process of learning the skills of social work or clinical social work practice for a minimum of four (4) hours per month.

(d) Experience, as that term is used in IC 25-23.6-5-1 and IC 25-23.6-5-3.5, shall be earned as an employee in one (1) of the following settings:

- (1) Social service agencies.
- (2) Schools.
- (3) Institutions of higher education.
- (4) Hospitals.
- (5) Private practice.
- (6) Mental health centers.
- (7) Correctional institutions.
- (8) Home health agencies.
- (9) Long term health care facilities.
- (10) Employee assistance programs.
- (11) Occupational social services.

SUPERVISION

BSW applicants must submit proof of at least four (4) hours per month of face to face supervision. If you began this supervised experience requirement before November 1, 2003, then the experience can be gained under the supervision of a licensed social worker (LSW), a licensed clinical social worker (LCSW), a licensed psychologist or licensed physician

who has training in psychiatric medicine. Any supervised experience completed after November 1, 2003 must be gained under the supervision of a licensed social worker (LSW) or licensed clinical social worker (LCSW).

Verification of Supervision Form. Your supervisor must fill out the bottom section of this form, have the form notarized, and submit it directly to the Board. This form may be duplicated if you completed the required two (2) years of supervision under more than one supervisor. Supervision must have been face to face for a minimum of four (4) hours per month during the required two (2) years of experience.

NAME CHANGE

An official affidavit indicating any legal name change or a notarized copy of a marriage certificate, divorce decree, social security card or court papers is acceptable if your name differs from that on any of your documents.

VERIFICATION OF LICENSURE

Applicants must provide a Verification of State Licensure/Certification form from each state in which you currently are, or have ever been, licensed, certified or registered in any regulated health profession or occupation. This information must be **sent directly to the Board by the state** that issued the license.

If a state examination was administered, please have the state board attach the examination subjects and scores to the verification of licensure form. The information must be sent by the state or province that issued the license.

The top portion of this form should be completed by the applicant and sent to the appropriate state licensing board for their submission to the Indiana Professional Licensing Agency. The form may be duplicated if necessary. Other jurisdictions may charge a fee to verify licensure. You may wish to contact the state boards prior to your request for verification. You do not need to complete this form if you only hold licensure or certification in the State of Indiana.

EXAMINATION CANDIDATES FOR LSW

Indiana requires the “Masters” level examination for obtaining a social work license (LSW). The examination is only offered in a computer format through the Association of Social Work Boards (ASWB) and its contracted examination service. The examination is offered six (6) days a week at various locations and times. **INDIANA DOES NOT ACCEPT THE BACHELORS LEVEL EXAMINATION.**

Your application for the licensure examination must be approved by the Behavioral Health and Human Services Licensing Board prior to registration with the examination service. One approval is granted, information will be emailed to you explaining the registration and scheduling process for the examination. It is your responsibility to register for and schedule your examination. Please register for the correct level of examination.

An applicant who has been approved by the Board to take the examination must take the examination within one (1) year from the date of the initial Board approval. If the applicant does not take the examination within one (1) year from the date of the initial Board approval, the approval will be invalid and the applicant must submit a new application and all required documentation must be resubmitted.

After completion of the Examination, the testing center will provide individuals with a form that indicates whether the candidate has passed or failed the examination. The results are forwarded to the Board within two weeks.

If you are unsuccessful on the examination, you will be emailed a letter denying your application and provide repeat examination material. You must first re-apply to the Board and again be approved to re-take the examination before you re-register for with the ASWB. Additionally there is a mandated ninety (90) day waiting period between examination attempts.

For more information on study guides and examination materials, please go to ASWB’s website at www.aswb.org.

TESTING ACCOMMODATION REQUEST

If you have a disability, which may require some special accommodations in taking the examination, please request a Testing Accommodation Request Form from the Board by calling (317) 234-2054. If you are hearing or speech impaired, you may utilize the Indiana Relay System by calling 1-800-743-3333. If an accommodation is not requested prior to Board approval to take the examination, the Board cannot guarantee the availability of the accommodation on-site.

LSW BY EXAMINATION APPLICATION CHECKLIST

If you are applying for licensure as a licensed social worker (LSW) by examination, you must complete and submit the following forms.

- ____ Completed application form
- ____ One (1) passport quality photograph
- ____ \$50 Application/Issuance Fee (additional \$25.00 for temporary permit)
- ____ Notarized affidavit explaining any “yes” answer on the application
- ____ Criminal History Background Check
- ____ Official Transcript(s) sent directly from the college or university
- ____ Form I – Verification of Supervision For LSW Licensure Applicants
- ____ Form II – Verification of Employment/Experience for LSW Licensure Applicants (3000 hours)
- ____ Official Score Report from ASWB
- ____ Name Change Documentation
- ____ Out of State License Verification(s)

**LICENSED SOCIAL WORKER (LSW)
APPLICATION BY FOR LICENSURE BY EXAMINATION
TEMPORARY PERMIT INFORMATION
INSTRUCTIONS**

The Board may issue a temporary permit to practice as a social worker to an applicant who submits the following:

1. A completed application for licensure as a social worker including all supporting documentation.
2. An additional fee of twenty-five dollars (\$25.00) for the temporary permit.

The temporary permit expires the earlier of:

1. The date the individual holding the permit is issued.
2. The date the Board disapproves the individual's application for licensure. (Disapproval of applications includes failing the required examination.)
3. One hundred and eighty (180) days after the initial permit is issued.

The Board may renew a temporary permit if the individual holding the permit was scheduled to take the examination and the individual did not take the examination and shows good cause for not taking the examination. "Good cause" is defined in the Board's rules as follows: As used in Ind. Code § 25-23.6-5-11, "good cause" means any reason approved by the board following written notice to the board from the applicant within thirty (30) days of the date the applicant was scheduled to take the examination. A renewed permit expires on the date the individual holding the permit received the results from the next examination given after the permit was issued.

NOTE: Although approved applicants have one (1) year to take the examination, from the time of their approval by the Board, the temporary permit will expire after one hundred and eighty (180) days. Applicants who are issued a temporary permit are encouraged to take the examination within the first one hundred and eighty (180) days.

CRIMINAL BACKGROUND CHECK INSTRUCTIONS

Please wait for the Email notice. Do not submit to a criminal background check until you receive an email notifying you that the board has received your application. A criminal background check (CBC) completed prior to the submission of an application for licensure will not be considered valid. An application is not considered “received” until it is manually entered into the IPLA licensing system by board staff. An email is sent out notifying you that the application is in our system and you are eligible for the CBC. If an application is not received before scheduling a CBC, the applicant will be required to submit to another check resulting in additional fees. As stated, you will receive an email from your board notifying you that you are eligible for the CBC.

Fingerprint rejections may lead to delay. If your fingerprints are rejected two (2) times by the FBI, you will be required to submit a written verification to complete your criminal background check. This written verification process can take up to six (6) weeks or longer to complete once the written verification form is received. Fingerprint rejections occur for different reasons including the prolonged use of hand sanitizer and the wearing of latex gloves. IPLA does not conduct or administer the criminal background checks and cannot assist you with expediting the process.

Applicants who reside out of state, or are physically unable to go to a location to be fingerprinted may use MorphoTrust Card Scan Processing Program. To view step-by-step instructions, please go to <http://www.i1enrollment.com/state/forms/in/53110e81122f7.pdf>.

Follow the simple steps outlined below to complete the fingerprinting process:

1. Once you receive the email from the board notifying you that your application has been received, go to <http://www.identogo.com> and choose Indiana.
2. If you do not have access to the internet, you may call MorphoTrust toll-free at (877) 472-6917 to schedule an appointment. If you call, you will be asked for demographic and personal information instead of completing these steps yourself.
3. Click on Indiana.
4. Click Online Scheduling and choose the language you wish to use for scheduling (English or Spanish).
5. Enter your first and last name and click “go”.
6. Choose your Agency Name Professional Licensing Agency and click “go”.
7. Choose the correct Applicant Category for your license type and click “go”.
8. Select the location where you want to be fingerprinted. You may choose a region of the state, by clicking on the map, or entering a zip code to view a list of locations in a specific area. Press “go”.
9. Click on the words “Click to Schedule” across from the location you want, under the day you wish to be fingerprinted. If you want a date further in the future, click the “Next Week>>” link to display more dates. Once you select the location/date combination, select the time for your appointment and click “go”.
10. Complete the demographic information page. Required fields are indicated by a red asterisk (*). When complete, click “Send Information”.
11. Confirm the information by following the on screen directions to make any changes necessary. Once you review and verify the data is correct, click “Send Information”.
12. Complete your payment process and click “Send Payment Information”.
13. Print your confirmation page. If you provided an email address, you will receive an email confirmation as well.
14. Bring one (1) of the following with you to your fingerprinting appointment:
 - valid driver license;

- valid state issued identification card;
- valid passport;
- student identification card with picture and date of birth (DOB);
- work identification card with picture and DOB; or
- valid alien identification card with picture and DOB.

If you do not have the above identification, you will need **both** a valid birth certificate and a social security card.

15. Arrive at the facility at your appointed date and time.
16. The enrollment officer at the site will check your ID, verify your information, verify or collect payment, capture your fingerprints, and submit your data. This normally takes less than five minutes.
17. You will receive a signed receipt at the end of your fingerprinting session, which can be provided to your agency for proof of fingerprinting, if needed.
18. All results will be processed and delivered to the Indiana Professional Licensing Agency. MorphoTrust is never in possession of criminal record data results.
- 19.